## **Independent Citizens Redistricting Commission**

Application Review and Quality Control Sheet

Date Received: □2//9/2013 Applicant Number: □0300  Recommended Applicant Pool Status: Final Applicant Pool Status: □Included □Removed □Re	Applicant Name: GARY BENNETT					
Included			Applicant Number:	10300		
REQUIREMENTS:  1. Was the application received before the submission deadline?  If NO, list time/date application was received:  2. Is the application complete?  If NO, list the item(s) that need to be completed:  3. Indicate how the applicant responded to the following questions:  A. Student enrolled in a college/university in the City of Austin?  If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:  i. Reside in the City of Austin?  ii. Registered to vote in the City of Austin?  Yes No.	R	Recommended Applicant Pool Status:	Final Applicant I	Pool Status:		
1. Was the application received before the submission deadline?  If NO, list time/date application was received:  Is the application complete?  If NO, list the item(s) that need to be completed:  3. Indicate how the applicant responded to the following questions:  A. Student enrolled in a college/university in the City of Austin?  If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:  i. Reside in the City of Austin?  ii. Registered to vote in the City of Austin?  □ Yes □ No.		Included Removed	Included	Removed		
If NO, list time/date application was received:  Is the application complete?  If NO, list the item(s) that need to be completed:  3. Indicate how the applicant responded to the following questions:  A. Student enrolled in a college/university in the City of Austin?  If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:  i. Reside in the City of Austin?  ii. Registered to vote in the City of Austin?	REQUIREMENTS:					
2. Is the application complete?  If NO, list the item(s) that need to be completed:  3. Indicate how the applicant responded to the following questions:  A. Student enrolled in a college/university in the City of Austin?  If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:  i. Reside in the City of Austin?  ii. Registered to vote in the City of Austin?	1.	Was the application received before the subm	□Yes □No			
If NO, list the item(s) that need to be completed:  3. Indicate how the applicant responded to the following questions:  A. Student enrolled in a college/university in the City of Austin?  If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:  i. Reside in the City of Austin?  ii. Registered to vote in the City of Austin?		If NO, list time/date application was receiv	ed:			
3. Indicate how the applicant responded to the following questions:  A. Student enrolled in a college/university in the City of Austin?  If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:  i. Reside in the City of Austin?  ii. Registered to vote in the City of Austin?	2. Is the application complete?			☐Yes ☐No		
A. Student enrolled in a college/university in the City of Austin?  If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:  i. Reside in the City of Austin?  ii. Registered to vote in the City of Austin?		If NO, list the item(s) that need to be completed:				
If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:  i. Reside in the City of Austin?  ii. Registered to vote in the City of Austin?  □ Yes □ No	3.	Indicate how the applicant responded to the	following questions:			
ii. Registered to vote in the City of Austin?				□Yes □No		
		i. Reside in the City of Austin?		☑Yes ☐No		
_/ _		ii. Registered to vote in the City of A	ustin?	☐Yes ☐No		
		iii. Continuously registered to vote in	the City of Austin?	☑Yes ☐No		
iv. Voted in 3 of the last 5 City of Austin general elections?		iv. Voted in 3 of the last 5 City of Aus	tin general elections?	Yes No		
❖ Follow-up needed related to REQUIREMENTS?  If YES, identify issue(s) addressed and disposition:  Yes □No	*			□Yes □No		

## **Independent Citizens Redistricting Commission**

Application Review and Quality Control Sheet

## **CONFLICTS OF INTEREST**:

**	Follow-up needed related to CONSISTENCY?  If YES, identify issue(s) addressed and disposition:	LiYes LYNo
•	Follow-up needed related to CONSISTENCY?	□Yes □Yo
<u>CC</u> 5.	Are applicant answers consistent?  If NO, indicate which answer(s):	⊡ves □No
*	Follow-up needed related to CONFLICTS OF INTEREST?  If YES, identify issue(s) addressed and disposition:	□Yes □Mo
4.	Did the applicant respond "Yes" to any conflict of interest If YES, indicate which question(s):	t questions?